



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

18-B64633

**FILED**

In the office of the Secretary of State  
of the State of California

MAY 10, 2018

**IMPORTANT** — [Read instructions](#) before completing this form.

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

**This Space For Office Use Only**

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

BUZZ ALDRIN VENTURES LLC

**2. 12-Digit Secretary of State File Number**  
201811010593

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)  
CALIFORNIA

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 401 WILSHIRE BLVD PH	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401
b. Mailing Address of LLC, if different than item 4a 401 WILSHIRE BLVD PH	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 401 WILSHIRE BLVD PH	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b BUZZ	Middle Name	Last Name ALDRIN	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1095 Highway A1A	City (no abbreviations) Satellite Beach	State FL	Zip Code 32937

**6. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation) ROBERT	Middle Name	Last Name TOUTELOT	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 401 WILSHIRE BLVD PH	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90401

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
Advisory,Talks,Appear.,TV, Endt.,Pub.

**8. Chief Executive Officer, if elected or appointed**

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

**9. The Information contained herein, including any attachments, is true and correct.**

05/10/2018

Date

Anna Manukyan

Type or Print Name of Person Completing the Form

Authorized Representative

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]



**Attachment to  
Statement of Information  
(Limited Liability Company)**

**LLC-12A  
Attachment**

**18-B64633**

**A. Limited Liability Company Name**

BUZZ ALDRIN VENTURES LLC

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**B. 12-Digit Secretary of State File Number**

201811010593

**C. State or Place of Organization** (only if formed outside of California)

CALIFORNIA

**D. List of Additional Manager(s) or Member(s)** - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name ROBERT	Middle Name	Last Name TOURTELOT	Suffix
Entity Name			
Address 126 GREENFIELD AVE.	City (no abbreviations) BEVERLY HILLS	State CA	Zip Code 90049
First Name RICHIE	Middle Name	Last Name ANNENBERG	Suffix
Entity Name			
Address 2014 S. BENTLEY AVE.	City (no abbreviations) WESTWOOD	State CA	Zip Code 90025
First Name PHIL	Middle Name	Last Name DAVIES	Suffix
Entity Name			
Address 12000 GOSHEN AVE.	City (no abbreviations) BRENTWOOD	State CA	Zip Code 90049
First Name DON	Middle Name	Last Name CAMP	Suffix
Entity Name			
Address 401 Wilshire Blvd. Penthouse	City (no abbreviations) Santa Monica	State CA	Zip Code 90401
First Name LISA	Middle Name	Last Name LA BONTE	Suffix
Entity Name			
Address 401 Wilshire Blvd. Penthouse	City (no abbreviations) Santa Monica	State CA	Zip Code 90401
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code